



System-of-Care Evaluation Brief

Description of Families Who Use Key Family Services in Systems of Care

One of the key objectives to the system-of-care approach is family-focused service delivery. The family-focused approach involves recognizing that families are central to the care of children, that service processes should maximize family involvement in children's care, and that appropriate services should be provided to caregivers and family members to support them in caring for their children. Among the family services provided in systems of care are family preservation services, family support services, family therapy, respite, and case management.

This brief describes the child and family characteristics of families who used family preservation, family therapy, or case management services. The child and family characteristics described here are family interactions, objective caregiver strain (e.g., hassles and disruptions), subjective externalized caregiver strain (e.g., anger, resentment, embarrassment), subjective internalized strain (e.g., worry, guilt, sadness), child's internalizing problems, and child's externalizing problems.

In addition, the families who used these services were compared to families who had not. The information on child and family characteristics was collected as the families entered systems of care. Six months later, caregivers reported what services their child and family had used since entering the system of care. These three family services were chosen because, at this stage of the national evaluation, there was sufficient data available on the families who used them. The data used in this brief were collected among the 23 communities funded by the Center for Mental Health Services (CMHS) in 1997 and 1998 to develop systems of care.

Family Preservation Services

Family preservation services have been used increasingly throughout the country to prevent the placement of children out of their homes. These services are typically designed as intensive in-home services that include a range of support services, including counseling of family members together and apart, developing conflict resolution strategies, solving problems, and providing instrumental support such as help with budgets and grocery shopping. Family preservation services are committed to the philosophy that all alternatives should be exhausted before any member is placed out of the home. Because services are primarily provided in the home, real-life problems can be addressed as they emerge (Nelson, 1990).

System-of-Care Evaluation Briefs report findings from the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program funded by the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration. The Program provides six-year grants to states, political subdivisions of states, American Indian Tribes, tribal organizations, and territories to support the development of community-based systems of care for children with serious emotional disturbance and their families. Systems of care are developed using an approach that emphasizes integration of services through collaborative arrangements between child-serving sectors such as education, child welfare, juvenile justice, and mental health; youth and family caregiver participation; and cultural and linguistic competence of services. The Briefs are published monthly and are sponsored by the Child, Adolescent and Family Branch of the federal Center for Mental Health Services.



**National Evaluation
Comprehensive Community Mental Health
Services for Children and Their Families Program**

Wayne Holden and Rolando Santiago, Editors

Volume 2, Issue 6
March 2001

Of the families included in these analyses, approximately 16 percent reported having received family preservation services in the first 6 months after entering the system of care. Families received approximately 36 encounters of this service, on average. Figure 1 compares the family characteristics of families who received family preservation services to those who did not. In general, families who used this service tended to experience more caregiver strain at the time they entered systems of care. In particular, they experienced significantly more objective and subjective externalized strain. Figure 3 shows the child symptoms of each group. Families who used family preservation services also had children who had significantly more internalizing symptoms (e.g., feeling sad and withdrawn).

Family Characteristics Related to Family Preservation Services

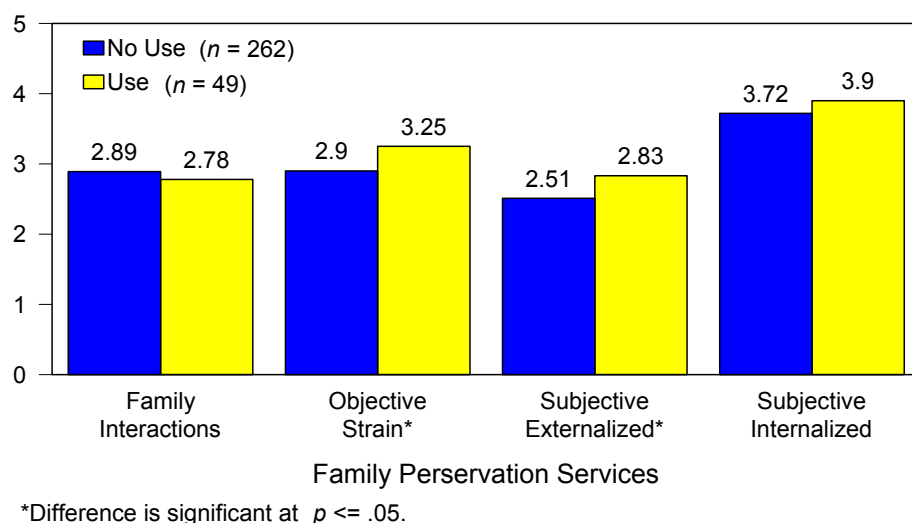


Figure 1

Family Therapy

Family therapy is a more traditional service than family preservation services and is generally more widely available. In this sample, 35 percent of the caregivers reported that their families had received family therapy in the first 6 months after entering the system of care. On average, families received about 12 family therapy sessions. Figure 2 presents how these families were doing when they entered the system of care compared to families who did not use this service. Families who received family therapy experienced significantly higher objective strain. In addition, Figure 3 shows that families who received family therapy also had children who had significantly more internalizing symptoms.

Family Characteristics Related to Family Therapy

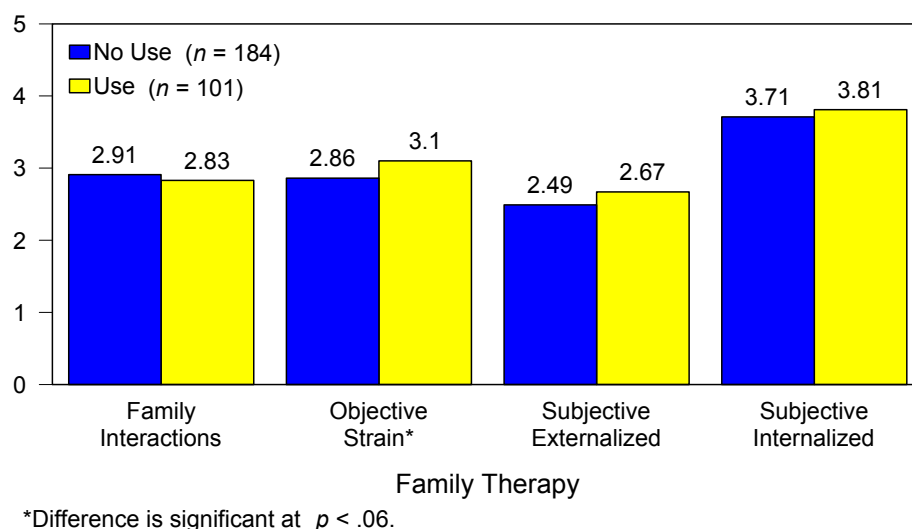


Figure 2

Case Management Services

Case management tends to be the most frequently used service in the CMHS-funded systems of care (CMHS, 2000; Foster, Kelsch, Kamradt, Sosna, & Yang, 2001). In this sample, 77 percent of caregivers reported receiving case management services in the first 6 months of entering the system of care, at an average use of 20 contacts. Families who used case management were not found to differ significantly, in terms of family characteristics, from families who did not use this service. However, the children whose families used case management experienced more externalizing problems when they entered the system of care. This is a departure from the children of families who used family preservation services and family therapy in that those children tended to have more internalizing problems.

Child Symptoms

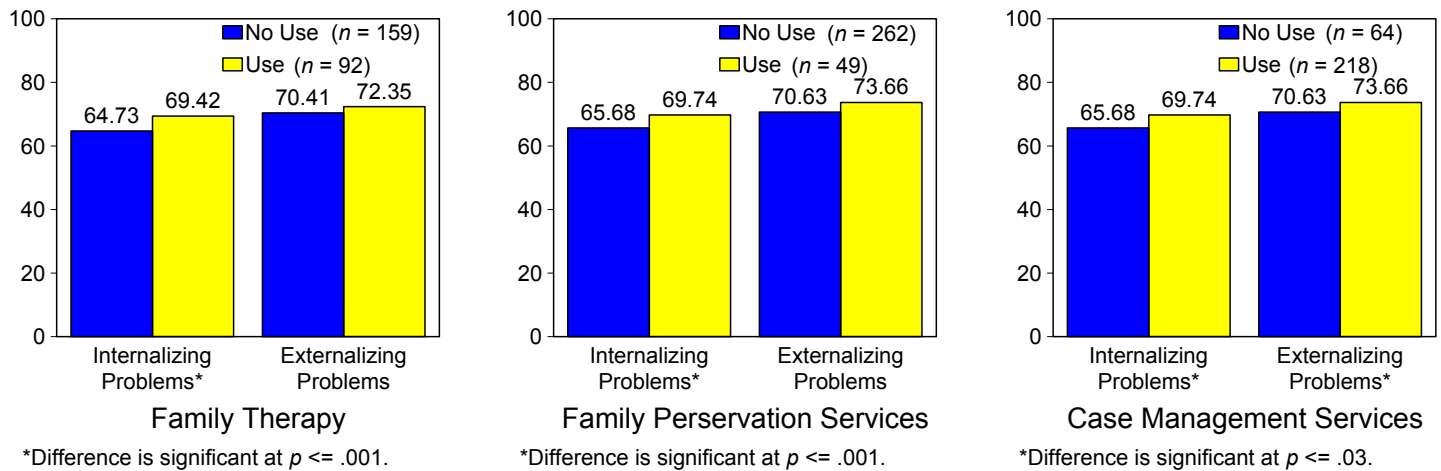


Figure 3

Conclusion

Families who received the family services considered here were more likely to experience more challenges than families who did not use those services. Moreover, different types of challenges appear to be associated with different types of family services. For example, subjective externalized caregiver strain (i.e., feelings of anger, resentment, stigma) was related to receiving family preservation services, but not family therapy. This may be an indication that systems of care are identifying the appropriate families to receive each of these services. Although greater caregiver strain was found among families who received family preservation services and family therapy, child internalizing problems were also higher. This is not surprising given the close relationship between child symptoms and caregiver strain found in the literature (Heflinger, Northrup, Sonnichsen, & Brannan, 1998). Regarding case management, only child externalizing problems were higher among the families who used this service.

Much remains to be learned about the relationships among family and child characteristics, service use, and outcomes. As more data become available, it will be important to examine whether receiving these family and other services results in better outcomes for children and their families.

References:

- Foster, E. M., Kelsch, C. C., Kamradt, B., Sosna, T., & Yang, Z. (2001). Expenditures and sustainability in systems of care. *Journal of Emotional and Behavioral Disorders*, 9(1), 53-62.
- Heflinger, C. A., Northrup, D. A., Sonnichsen, S. E., & Brannan, A. M. (1998). Including a family focus in research on community-based services for children with serious emotional disturbance: Experience from the Fort Bragg Evaluation Project. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children with and youth with behavioral and emotional disorders: Programs and evaluation best practices*. Austin, TX: Pro-Ed.
- Nelson, D. (1990). Recognizing and realizing the potential of "family preservation." In J. K. Wittaker (Ed.), *Reaching high risk families: Intensive family preservation in human services* (pp. 13-30). Hawthorne, NY: Aldine de Gruyter.

The family-focused approach involves recognizing that families are central to the care of children, that service processes should maximize family involvement in their children's care, and that appropriate services should be provided to caregivers and family members to support them in the care of their children.



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